

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/089053**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	2		1			
8	1		1			
9	1		1			
10	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	30	→	29	→		
TOTAL CLAIMS	11		10			

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